

# Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.  
Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

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**2022**

**Part I Employee**

1 Name of employee (first name, middle initial, last name) <b>PRAGYA TAK</b>		2 Social security number (SSN) ***-**-0696		3 Applicable Large Employer Member (Employer) <b>US BANK NATIONAL ASSOCIATION</b>		4 Employer identification number (EIN) 31-0841368	
3 Street address (including apartment no.) 3711 MEDICAL DR. APT. 2712		9 Street address (including room or suite no.) 4000 WEST BROADWAY		10 Contact telephone number 800-806-7009		13 Country and ZIP or foreign postal code 55422-2212	
4 City or town <b>SAN ANTONIO</b>	5 State or province <b>TX</b>	6 Country and ZIP or foreign postal code <b>78229</b>	11 City or town <b>ROBBINSDALE</b>	12 State or province <b>MN</b>	13 Country and ZIP or foreign postal code 55422-2212		

**Part II Employee Offer of Coverage**

14 Offer of Coverage (enter required code)	Employee's Age on January 1												Plan Start Month (enter 2-digit number) 01		
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Aug	Sept
1H	1H	1H	1H	1H	1H	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$ 88.88	\$ 88.88	\$ 88.88	\$ 88.88	\$ 88.88	\$ 88.88	\$ 88.88	\$ 88.88	\$ 88.88	\$ 88.88
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2D	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code															

**Part III Covered Individuals** - If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage												
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
18	PRAGYA TAK	***-**-0696									X	X	X	X	X	X	X
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